

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-1803  
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1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## HYDROLOGY FIRM

### REPORT OF RENEWAL INFORMATION FOR CERTIFICATE OF AUTHORIZATION

Information requested is required for processing.

Professional Hydrology Firm Certificate of Authorization to practice as a firm, partnership or corporation must be renewed before August 1, 2006. To renew, return the enclosed renewal application, fee of \$53.00, and this report of renewal information to PO Box 8935, Madison, WI 53708. A late filing fee is required for all renewals received on or after August 1, 2006.

1. Credential number \_\_\_\_\_

2. Firm name \_\_\_\_\_

☐ Check here if this is a change from that shown on the renewal application.

Previous name \_\_\_\_\_

3. Mailing address \_\_\_\_\_

**NOTE: If the firm name or mailing address differs from that on the renewal application, the change must be recorded on both this form and the renewal application.**

4. Names and addresses of all officers and directors of the firm:

<u>Name</u>	<u>Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Addresses of all branch offices located in Wisconsin:

\_\_\_\_\_  
\_\_\_\_\_

6. All licensed employees of a firm licensed in Wisconsin, must complete the Certificate on the back of this form. All licensees are required to possess a personal seal pursuant to Chapter GHSS 1, Wis. Admin. Code. The seal, name, profession, registration number, address and signature must be included in the Certificate. (Attach additional pages if necessary.)

7. Any changes in the above information during the two-year registration period must be reported in writing to the Department of Regulation and Licensing, Division of Professional Credential Processing, P.O. Box 8935, Madison, WI 53708.

8. Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# State of Wisconsin Department of Regulation & Licensing

## CERTIFICATE

I certify that I am employed by \_\_\_\_\_  
(name of corporation)

and that I have a current license in professional hydrology which is being practiced in Wisconsin through said firm.

(SEAL)

(SEAL)

Name \_\_\_\_\_  
Profession \_\_\_\_\_  
Registration Number \_\_\_\_\_  
Address \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

Name \_\_\_\_\_  
Profession \_\_\_\_\_  
Registration Number \_\_\_\_\_  
Address \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

(SEAL)

(SEAL)

Name \_\_\_\_\_  
Profession \_\_\_\_\_  
Registration Number \_\_\_\_\_  
Address \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

Name \_\_\_\_\_  
Profession \_\_\_\_\_  
Registration Number \_\_\_\_\_  
Address \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

(SEAL)

(SEAL)

Name \_\_\_\_\_  
Profession \_\_\_\_\_  
Registration Number \_\_\_\_\_  
Address \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

Name \_\_\_\_\_  
Profession \_\_\_\_\_  
Registration Number \_\_\_\_\_  
Address \_\_\_\_\_  
SIGNATURE \_\_\_\_\_